

AFFIDAVIT

STATE OF ALABAMA)
)
Bullock COUNTY)

I, Jameka Howard, hereby certify and affirm that I am a Medical Records Clerk, at Bullock County Correctional Facility, that I am one of the custodians of medical records at this institution; that the attached documents are true, exact, and correct photocopies of certain medical records maintained here in the institution medical file of one Hampton, Randall, AIS# 220420; and that I am over the age of twenty-one years and am competent to testify to the aforesaid documents and matters stated therein.

I further certify and affirm that said documents are maintained in the usual and ordinary course of business at Bullock Co. Correctional Facility, and that said documents (and the entries therein) were made at, or reasonably near, the time that by, or from information transmitted by, a person with knowledge of such acts, events, and transactions referred to therein are said to have occurred.

This, I do hereby certify and affirm to on this the 27th day of July, 2005.

Jameka Howard

SWORN TO AND SUBSCRIBED BEFORE ME THIS THE
27th Day of JULY, 2005.
[Signature]
Notary Public
JULY 2010
My Commission Expires

ALABAMA DEPARTMENT OF CORRECTIONS

PROBLEM LIST

INMATE NAME Hampton Randall AIS# 220420Medication Allergies: Haldol DO.43 10/15/83Medical: Chronic (Long-Term) Problems
Roman Numerals for Medical/SurgicalMental Health Code: ~~SMI~~ ~~HARM~~ HIST NONE
Capital Letter for Psychiatric Behavior

Date Identified	Chronic Medical Problem	Mental Health Code	Date Resolved	Provider Initials
7/7/05	Mental Health Code Hist	Hist		Capucelly Hane.

**If Asthmatic label: Mild – Moderate – or Severe.

**ALABAMA DEPARTMENT OF CORRECTIONS
MENTAL HEALTH SERVICES
TREATMENT PLAN: RESIDENTIAL TREATMENT UNIT (REVIEW)**

Treatment Plan Reviewed On: 6/21/08

Treatment Plan Initiated On: 12/04

Institution: Bullock Co. Correctional Facility

Admitted to Unit: 02/07/03

Level Currently Assigned: 3

CURRENT STATUS:

Problem # 1 History of auditory hallucinations; currently in remission w/out meds

Target Date for Resolution: 4 wks

Status: Resolved No Change Modified X

Outcome/Modification: Maintain stability off meds, psych. to monitor for s/s's, AT contact daily, TC to see 2x monthly for indiv. counseling and mental health assessment

Staff Member(s) Responsible: Psych., TC, AT

Frequency: monthly

Problem # 2 Generalized anxiety-poor concentration, impulsive behavior- currently in remission w/out meds

Target Date for Resolution: 4 wks

Status: Resolved No Change Modified X

Outcome/Modification: Maintain stability off meds, psych. to monitor for s/s's, AT contact daily, TC to see 2x monthly for indiv. counseling and mental health assessment, refer to stress mgt. & depression class

Staff Member(s) Responsible: Psych, TC

Frequency: monthly

Problem # 3

Target Date for Resolution:

Status: Resolved No Change Modified

Outcome/Modification:

Staff Member(s) Responsible:

Frequency :

Comments:

Level Change? Yes No

Second Page attached: Yes No

Psychiatrist: _____

Psychologist: _____

Mental Health Nurse: _____

Activities Tech: _____

Treatment Coordinator: _____

Correctional Officer Present: Yes No

Inmate Agreement: _____

Date: 02-04-20

Next Treatment Plan Review by: _____ (Level 1: weekly; Level 2: biweekly; Level 3 & 4 monthly)

Inmate Name: Hampton, Randall

AIS# 226420

Nurse's Chronic Care Clinic

Date: 6/8/06 Time: 1130 Facility: BARCheck all applicable CICs being evaluated: Card/HTN DM GI ID PUL SZ TBVital Signs: BP 130/68 P 74 R 20 T 98

SUBJECTIVE:

For diabetic patients, list the # of hypoglycemic reactions since the last CIC visit: Dates:
See attached for monofilament check.For asthma patients, list the # of asthma attack visits since the last CIC visit: Dates:For seizure patients, list the # of witnessed seizures since the last CIC visits: Dates: N/AALLERGIES: HaldolMEDICATIONS: ListedCURRENT DIET: RegDESCRIBE MED AND DIET ADHERANCE: CompliantDESCRIBE ANY MED SIDE EFFECTS: None notedVACCINES: Flu Pneumovax Hep A Hep B For asthma pts, list the number of short-acting inhaler canisters refilled in the past month.
(*This should equate to one inhaler per month.)Lab/Diagnostic test(s) w/ date(s): HbA1c on ; CD4 & HIV-RNA / on ;
Peak Flow ; LFTs on ; Serum Drug Levels on ; EKG ; CXR ;

Medications:

Phenobarb 60mg BID
Sequetol 100mg qd3/21/06
Sequetol 8
Phenobarb 19

Patient Educated on:

Instructed the safety measures for seizure activityInmate Signature Ronell Hampton 226420Nurses Signature and Title M. A. J.Hampton, Ronell
NAMEGENDER MRACE B

226420

10/15/83
DOB

(Revised 05/18/05)

Physician's Chronic Care Clinic

Date: 6/8/06Time: 1130Facility: BelfCheck all applicable CIC's being evaluated: Card/HTN DM GI ID PUL SZ TB

SUBJECTIVE:

No signsOBJECTIVE: BP 130/168 HR 74 RR 20 Temp 98 Wt 170 Peak Flow _____

NOTE: PE findings for CIC patients should be disease-specific and focused on prevention of end-organ Complications: DM-eye ground, skin, cardiopulmonary, extremities; HTN/Card-eye grounds, Cardiopulmonary, abdomen, extremities; ID-all systems; PUL-HEENT, Cardiopulmonary, A/P ratio; SZ-HEENT, neurological; GI-abdomen.

None well
no new signsASSESSMENT: Circle the appropriate Degree of Control and Status for each clinic monitored during today's Visit. Degree of Control: G=Good, F=Fair, P=Poor
Status: I=Improved, S=Stable, W=Worsened

DM	HTN/CARD	SZ	PUL	ID	GI	OTHE
Degree of Control	Degree of Control	Degree of Control	Degree of Control	Degree of Control	Degree of Control	Degree of C
G F P	G F P	G F P	G F P	G F P	G F P	G F
Status	Status	Status	Status	Status	Status	Status
I S W	I S W	I S W	I S W	I S W	I S W	I S

PLAN:

Carb. Phos / Tylenol

F/U: Routine 90 days: _____ Other _____

Problem List Updated: Yes ☐John Blase
Physician/NPI/PAHampton, Randall
NAMEM
GENDERB
RACE226420
AISE10/15/83
DOB

PRISON HEALTH SERVICES

Nurse's Chronic Care Clinic

Date: 3/20/06 Time: 1100 Facility: BCCF

Check all applicable CICs being evaluated: Card/HTN DM GI ID PUL SZ TB

Vital Signs: BP 130/74 24 R 18 T 98°

SUBJECTIVE:

For diabetic patients, list the # of hypoglycemic reactions since the last CIC visit: 0 Dates: NA
See attached for monofilament check.

For asthma patients, list the # of asthma attack visits since the last CIC visit: 0 Dates: NA

For seizure patients, list the # of witnessed seizures since the last CIC visits: 0 Dates: NA

ALLERGIES: Halibut CURRENT DIET: Reg

MEDICATIONS: Listed

DESCRIBE MED AND DIET ADHERANCE: Compliant

DESCRIBE ANY MED SIDE EFFECTS: None noted

VACCINES: Flu Pneumovax Hep A Hep B

For asthma pts, list the number of short-acting inhaler canisters refilled in the past month.
(*This should equate to one inhaler per month.)

Lab/Diagnostic test(s) w/ date(s): HbA1c on ; CD4 & HIV-RNA 1 on ;
Peak Flow ; LFTs on ; Serum Drug Levels on ; EKG ; CXR ;

Medications:

Phenobarb 100 mg BID
Zegretol 100 mg qd

12/13/06
Phenobarb level 17
Zegretol level 6.1

Patient Educated on:

E Instructed on Continued Safety Measures
C Seizure activity

Inmate Signature Randall Hampton

Nurses Signature and Title W. Nalla

Hampton, Randall
NAME

M
GENDER

B
RACE

226420
AIS
10/15/83
DOB

PRISON HEALTH SERVICES

Physician's Chronic Care Clinic

Date: 3/20/06 Time: 1100 Facility: BCCF

Check all applicable CIC's being evaluated: Card/HTN DM GI ID PUL SZ TB

SUBJECTIVE:

No cough

OBJECTIVE: BP 130/74 HR 84 RR 18 Temp 98.6 Wt 165 Peak Flow _____

NOTE: PE findings for CIC patients should be disease-specific and focused on prevention of end-organ Complications: DM-eye ground, skin, cardiopulmonary, extremities; HTN/Card-eye grounds, Cardiopulmonary, abdomen, extremities; ID-all systems; PUL-HEENT, Cardiopulmonary, A/P ratio; SZ-HEENT, neurological; GI-abdomen.

*nkso
w/ m
lyf
p/d
gall*

*End of
very frequent
syringe*

ASSESSMENT: Circle the appropriate Degree of Control and Status for each clinic monitored during today's Visit. Degree of Control: G=Good, F=Fair, P=Poor
Status: I=Improved, S=Stable, W=Worsened

DM	HTN/CARD	SZ	PUL	ID	GI	OTHER
Degree of Control	Degree of Control	Degree of Control	Degree of Control	Degree of Control	Degree of Control	Degree of Control
G F P	G F P	G F P	G F P	G F P	G F P	G F P
Status	Status	Status	Status	Status	Status	Status
I S W	I S W	I S W	I S W	I S W	I S W	I S W

PLAN: *will continue on the Phenytoin*

F/U: Routine 90 days: ☒ Other _____

Problem List Updated: Yes No

[Signature]
Physician/NP/PA

Hampton Randall
NAME

M
GENDER

B
RACE

226420
AIS#
10/15/83
DOB

PRISON HEALTH SERVICE

Physician's Chronic Care Clinic

Date: 12/10/06 Time: 1500 Facility: BCCFCheck all applicable CIC's being evaluated: Card/HTN DM GI ID PUL SZ TBSUBJECTIVE:

no issues

OBJECTIVE: BP 140/184 HR 77 RR 20 Temp 97.6 Wt 165 Peak Flow _____

NOTE: PE findings for CIC patients should be disease-specific and focused on prevention of end-organ complications: DM-eye ground, skin, cardiopulmonary, extremities; HTN/Card-eye grounds, Cardiopulmonary, abdomen, extremities; ID-all systems; PUL-HEENT, Cardiopulmonary, A/P ratio; SZ-HEENT, neurological; GI-abdomen.

note new rx
don't OK

PharB 17

ASSESSMENT: Circle the appropriate Degree of Control and Status for each clinic monitored during today's Visit. Degree of Control: G=Good, F=Fair, P=Poor
Status: I=Improved, S=Stable, W=Worsened

DM	HTN/CARD	SZ	PUL	ID	GI	OTHER
Degree of Control	Degree of Control	Degree of Control	Degree of Control	Degree of Control	Degree of Control	Degree of Control
G F P	G F P	G F P	G F P	G F P	G F P	G F P
Status	Status	Status	Status	Status	Status	Status
I S W	I S W	I S W	I S W	I S W	I S W	I S W

PLAN: will continue on current plan

F/U: Routine 90 days: _____ Other _____ Problem List Updated: Yes No

Greg Npror
Physician/NP/PA

Hampton Kendall
NAME
M
GENDER
B
RACE

226420
AIS#
10/15/83
DOB

RISON HEALTH SERVICES

Nurse's Chronic Care Clinic

Date: 12/10/06 Time: 1500 Facility: BECF

Check all applicable CICs being evaluated: Card/HTN DM GI ID PUL SZ TB

Vital Signs: BP 140/84 P 77 R 20 T 97.6

SUBJECTIVE:

For diabetic patients list the # of hypoglycemic reactions since the last CIC visit: 0 Dates:

See attached for monofilament check.

For asthma patients, list the # of asthma attack visits since the last CIC visit: 0 Dates:

For seizure patients, list the # of witnessed seizures since the last CIC visits: 0 Dates:

ALLERGIES: Haldol CURRENT DIET: Reg

MEDICATIONS: Listed

DESCRIBE MED AND DIET ADHERANCE: Compliant

DESCRIBE ANY MED SIDE EFFECTS: None noted

VACCINES: Flu Pneumovax Hep A Hep B

For asthma pts, list the number of short-acting inhaler canisters refilled in the past month.

(*This should equate to one inhaler per month.)

Lab/Diagnostic test(s) w/ date(s): HbA1c on ; CD4 & HIV-RNA / on ;

Peak Flow ; LFTs on ; Serum Drug Levels on ; EKG ; CXR ;

Medications:

Phenobarb 60 mg Bid
Zegretol 100 mg

9/6/95
Zegretol 4.4

phenobarbital 17

Patient Educated on:

Edman Instructed on Safety and Medication Compliance

Inmate Signature

Randall Hampton

Nurses Signature and Title

Van O'Neil, RN

Hampton, Randall
NAME

M
GENDER

B
RACE

226 420
AIS

10/15/83
DOB

Physician's Chronic Care Clinic

Hampton, Randa
226420

Date: 10/12/05 Time: 1020 Facility: BCC F

Check all applicable CICs being evaluated: Card/HTN DM GI ID PUL SZ TB

OBJECTIVE: BP 142/88 HR 72 RR 22 Temp 98.6 Wt 162 Peak Flow

NOTE: PE findings for CIC patients should be disease-specific and focused on prevention of end-organ Complications: DM-eye ground, skin, cardiopulmonary, extremities; HTN/Card-eye grounds, Cardiopulmonary, abdomen, extremities; ID-all systems; PUL-HEENT, Cardiopulmonary, A/P ratio; SZ-HEENT, neurological; GI-abdomen.

no signs

found w/

taking med

His signs do not fit into any known category

ASSESSMENT: Circle the appropriate Degree of Control and Status for each clinic monitored during today's Visit. Degree of Control: G-Good, F-Fair, P-Poor
Status: I-Improved, S-Stable, W-Worsened

DM	HTN/CARD	SZ	PUL	ID	GI	OTHER
Degree of Control	Degree of Control	Degree of Control	Degree of Control	Degree of Control	Degree of Control	Degree of Control
G F P	G F P	G F P	G F P	G F P	G F P	G F P
Status	Status	Status	Status	Status	Status	Status
I S W	I S W	I S W	I S W	I S W	I S W	I S W

PLAN:

Continue current care, since his signs are under control

F/U: Routine 90 days: ☒

Other

Physician

Problem List updated: Yes No

(01/31/05)

PRISON HEALTH SERV. ;

Name: Hampton, Randall
 Inmate #: 200420
 DOB: 10/15/88 Race: B Gender: M

Nurse's Chronic Care Clinic

Date: 10/12/00 Time: 1020 Facility: BCCF

Check all applicable CICs being evaluated: Card/HTN DM GI ID PUL SZ TB

SUBJECTIVE:

For diabetic patients, list the # of hypoglycemic reactions since the last CIC visit: Dates:

See attached for monofilament check.

For asthma patients, list the # of asthma attack visits since the last CIC visit: Dates:

For seizure patients, list the # of witnessed seizures since the last CIC visits: Dates:

ALLERGIES: HalalolCURRENT DIET: Reg

DESCRIBE MED AND DIET ADHERANCE: Compliant

DESCRIBE ANY MED SIDE EFFECTS: None noted

VACCINES: Flu Pneumovax Hep A Hep B

For asthma pts, list the number of short-acting inhaler canisters refilled in the past month:

(*This should equate to one inhaler per month.)

Lab/Diagnostic test(s) w/ date(s): HbA1c on : CD4 & HIV-RNA 1 on :

Peak Flow : LFTs on : Serum Drug Levels on : EKG : CXR :

MEDICATIONS:

Phenobarb 60mg BID
Seizure 100

Patient Educated on:

Of assessed for seizure. No noted S/S
of 9/10 seizure activity in passed 3 months
E. Armstrong MD Safety

Nurses Signature and Title: Wendy L. Hampton Inmate Signature: Randall Hampton

(01/31/05)

Date: 1/30/05 Time: 1130 Facility: BCFCheck all applicable CICs being evaluated: Card/HTN DM GI ID PUL SZ TBOBJECTIVE: BP 120/68 HR 76 RR 20 Temp 98 Wt 162 Peak Flow

NOTE: PE findings for CIC patients should be disease-specific and focused on prevention of end-organ Complications: DM-eye ground, skin, cardiopulmonary, extremities; HTN/Card-eye grounds, Cardiopulmonary, abdomen, extremities; ID-all systems; PUL-HEENT, Cardiopulmonary, A/P ratio; SZ-HEENT, neurological; GI-abdomen.

nbse

ausm

left leg

no new signal

Pz no

Expirat for

ASSESSMENT: Circle the appropriate Degree of Control and Status for each clinic monitored during today's Visit. Degree of Control: G=Good, F=Fair, P=Poor
Status: I=Improved, S=Stable, W=Worsened

DM	HTN/CARD	SZ	PUL	ID	GI	OTHER
Degree of Control	Degree of Control	Degree of Control	Degree of Control	Degree of Control	Degree of Control	Degree of Control
G F P	G F P	G F P	G F P	G F P	G F P	G F P
Status	Status	Status	Status	Status	Status	Status
I S W	I S W	I S W	I S W	I S W	I S W	I S W

PLAN: will check in 1 week & leg swab
PhenBarb 1 each sk

FU: Routine 90 days: ✓Other Physician MD

Problem List updated: Yes No

(01/31/05)

PRISON HEALTH SERVICES

Nurse's Chronic Care Clinic

Date: 7/30/05 Time: 1130 Facility: BCCFCheck all applicable CICs being evaluated: Card/HTN DM GI ID PUL SZ TBVital Signs: BP 120/68 P 76 R 20 T 98.4
SUBJECTIVE:For diabetic patients, list the # of hypoglycemic reactions since the last CIC visit: Dates:

See attached for monofilament check.

For asthma patients, list the # of asthma attack visits since the last CIC visit: Dates: For seizure patients, list the # of witnessed seizures since the last CIC visits: 0 Dates: NAALLERGIES: NKA CURRENT DIET: RegMEDICATIONS: Zepetol; PhenytoinDESCRIBE MED AND DIET ADHERANCE: CompliantDESCRIBE ANY MED SIDE EFFECTS: None notedVACCINES: Flu Pneumovax Hep A Hep B For asthma pts, list the number of short-acting inhaler canisters refilled in the past month.

(*This should equate to one inhaler per month.)

Lab/Diagnostic test(s) w/ date(s): HbA1c on : CD4 & HIV-RNA 1 on :Peak Flow : LFTs on : Serum Drug Levels on : EKG : CXR :

Medications:

Phenytoin 60mg BID
Zepetol 100mg 3 tabs TID
5/2/05 carbamazepine 7.0
phenobarbital 20

Patient Educated on:

0 assessment of seizure risk. No noted seizure
activity in past week.

Inmate Signature Nurses Signature and Title Wendal L...

Hampton, Randall
NAME

M
GENDER

B
RACE

226420
AIS
10/15/03
DOB

-18/05)



PRISON HEALTH SERVICES, INC.

HEALTH EVALUATION

I. HISTORY -- (LPN or RN) YES NO COMMENT(S)

Weight Change (greater 15 lbs.)
(Compare Weight Below)

Persistent Cough

Chest Pain

Blood in Urine or Stool

Difficult Urination

Other Illnesses (Details)

Smoke, Dip or Chew

ALLERGIES

YES

NO

COMMENT(S)

✓

✓

✓

✓

✓

✓

✓

✓

Last weight at least 6 months ago

Seizures / muscle spasm

Smoke

5'11"

Weight 157 Temp 98.1 Pulse 68 Resp 20 Blood Pressure 112/70

Eye Exam: 20/40 OD 20/40 OS 20/20 OU

If greater than > 140/60, repeat in 1 hour.
Refer to M.D. if remains > 140/90.

II. TESTING -- (LPN or RN)

RESULTS

Tuberculin Skin Test (q yr)

Date given 11-15-05 Site L (FA)
Read on 11/17/05 Results 0 mmPast Positive TB Skin Test
(Chest x-ray if clinical symptoms)

Survey Completed

RPR (q 3 yrs)

Date 5-9-05 Results N/A

EKG (baseline at 35, over 45 q 3 yrs)

Age 22

Cholesterol (at 35 then q 5 yrs)

Age 22

Finger Stick Blood Sugar

Results 114

* If > than 200 repeat Finger Stick BS within 48 hours

Results

Optometry Exam (@ 50 if not already seen)

Age 22

Mammogram

Date N/A Results

(females @ 40, q 2 yrs/other M.D. order)

III. PHYSICAL RESULTS -- (RN, Mid-Level, M.D.) Duty Status 3

Heart

RPR

Lungs

CTA

Breast Exam

Rectal (yearly after 45)

Results Age 22

with Hemoccult

Results

Pelvic and PAP (q 1 yr)

Date Results

Facility BCCF Nurse Signature Daye P. Gordon RN Date 11-15-05

M.D. or Mid-Level Signature Date 11/17/05

INMATE NAME

AIS#

D.O.B.

RACE/SEX

Hampton, Randall 2240 10-15-85 Bm

U/A DIPSTICK REPORT

Name: Hampton, Randall AIS# 226420 R/S BMDOB: 10-15-83 AGE: 22 yrsCollection Date: 11-15-05 TIME 08:25 AMAnnual Physical ☒ Random ☐ Repeat ☐ Daily ☐After Rx. Completion ☐ Chronic Care Clinic Porotocal ☐Urine Appearance: Color amber Clarity: Clear Odor: WNLSpecific Gravity: 1.010PH: 6LEUKOCYTES: negNITRATE: negPROTEIN: negGLUCOSE: negKEYTONES: negUROBILINOGEN: negBILIRUBIN: negBLOOD: neg HEMOGLOBIN: —WNL: yes ABNORMAL —OBTAINING NURSE'S SIGNATURE: Dale Pluey RN 11-15-05

Date

REVIEWING PHYSICIAN's Signature: [Signature]

Date

11117101

NAME Hampton, Randall AIS# 226420 RIS BmReturn to Health care Unit For skin Test Reading on the date marked below:
YOU MUST RETURN!!!!

	SUNDAY	MONDAY	TUESDAY	WEDNESDAY	THURSDAY	FRIDAY	SATURDAY
D A T E	11/13						
T I M E	8A						

RESULT ØSIGNATURE Chadley

ALABAMA DEPARTMENT OF CORRECTIONS
MENTAL HEALTH SERVICES
PSYCHIATRIC PROGRESS NOTES

DATE: <u>4/5/06</u>	TIME: <u>1430</u>	Today vs Before
Target Symptoms: Behavioral Rating Scale 0=No problem 5= worst		
<p><i>Let the inmate make his own decision regarding evaluation and follow for his decision</i></p>		
Medications:		Informed Consent
Compliance: Inmate report <u>→</u> % vs MAR <u>→</u> %		
In addition to the information in the tables above and below, then inmate-patient:		
<p><u>S</u> <i>In Ogee jail - just want to get out of here.</i></p>		
Side effects:		
<p><u>0</u> <i>Calm, a bit pressured speech. OK</i></p>		

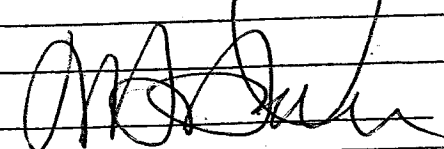
Selected Issues	NO	YES	If yes, comment on pertinent positive findings
Psychosis	1		
Serious Depression			
Self-Injurious Thoughts			
Suicidal intent			✓
Aggressive			
Seriously Impulsive			
Situational Upset			

Lab info:	Labs Ordered:	Labs Reviewed:	AIMS:?
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ASSESSMENT/Diagnosis (DSM-IV)

*No significant psychiatric disease found.
Aggressive that he is to assault himself or others.
Inmate to population.*

PLAN:

Return to clinic: _____	Print Last Name: _____	Sign: 			
Patient's Name: (Last, First, Middle)	AIS #	Age	R/S	Code	Institution
<i>Hampton, Raymond</i>	<i>226420</i>		<i>Bm</i>		<i>BCCF</i>
Disposition: Medical File		J SCOTT ANDREWS M.D.		ADOC AR 632, 633, 623, 615 ADOC Form MH-025 March 2, 2005	

**ALABAMA DEPARTMENT OF CORRECTIONS
MENTAL HEALTH SERVICES**

MENTAL HEALTH UNIT (RTU/SU): DISCHARGE SUMMARY

(Attach most recent treatment plan and reviews)

Admitted on: 2-7-03 Date of Discharge Decision: 7-7-05

Location: Bullock (RTU) SU

Reason for RTU/SU Placement:

S/S's of chronic schizophrenia D/O

Treatment Progress on RTU/SU:

Has presented as psychiatrically stable since 2-1-05,
with out psychotropic medication. Goals of Tx plan met.

Current Mental Status: twenty one year old black male - alert, calm,
cooperative. Affect with good range, mood neutral. Not suicidal/
homicidal. Not psychotic. Thoughts - goal directed.

Discharge Diagnosis:

Axis I: impulse control D/O controlled w/o medication.

Axis II: Ø

Axis III: seizures

Axis IV: incarceration

Axis V: 65

Current Medications: no psychotropic,

Follow-Up Treatment Recommendations: will be followed by ADOC psychology/
MH staff. MH will see if referred.

Inmate compliant with medication? N/A Yes No
Inmate placed in crisis cell last 30 days? Yes (No)

RTU/SU Psychiatrist: Bill Chiswood Phone #: _____

RTU/SU Treatment Coordinator: (Signature) Phone #: _____

Inmate Name <u>Hampton, Randall</u>	AIS # <u>225420</u>
--	------------------------

ALDOC Form 473-02

ALABAMA DEPARTMENT OF CORRECTIONS
MENTAL HEALTH SERVICES
PSYCHIATRIC PROGRESS NOTES

DATE: <u>7/7/05</u>	TIME:	Today vs Before
Target Symptoms	Behavioral Rating Scale 0=No problem 5= worst	
<u>Poor impulse control</u> <u>He "wishes"</u>		
Medications: <u>Prozac</u>		Informed Consent
Compliance: Inmate report _____ % vs MAR _____ %		

In addition to the information in the tables above and below, then inmate-patient:

S "In my mind" "I've just got a lot on my mind, but I'll get over it."

Side effects: (none)

0 Most calm cooperative. Effect of medication well noted.

0/4/0 Noir psychosis. Thought of god's love.

Survivorship

Selected Issues	NO	YES	If yes, comment on pertinent positive findings
Psychosis			
Serious Depression			
Self-Injurious Thoughts			
Suicidal intent			
Aggressive			
Seriously Impulsive			
Situational Upset			

Lab info:	Labs Ordered: _____	Labs Reviewed: _____	AIMS: ? _____
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ASSESSMENT/Diagnosis (DSM-IV)

Depressive Disorder

PLAN: 0 No Rx 0 1 SRX code to Hx

Return to clinic: PHU Print Last Name: _____ Sign: William Chitwood, MD

Patient's Name: (Last, First, Middle)	AIS #	Age	R/S	Code	Institution
<u>Hampton, Randall</u>	<u>226420</u>	<u>21</u>	<u>BM</u>	<u>HE</u>	<u>BCF</u>

Disposition: Medical File

William Chitwood, MD

ADOC AR 632, 633, 623,615
ADOC Form MH-025 March 2, 2005

Alabama Department of Corrections

Psychiatric Progress Note

DATE: 6/2/05 TIME: _____

Target Symptoms _____ Behavioral Rating Scale 0=No problem 5= worst Today vs Before _____

Medications: 40mg Zyprexa Tygelol/Plavix - seizure Informed Consent _____

Compliance: Inmate report _____ % vs MAR _____ %

In addition to the information in the tables above and below, then inmate-patient:

S Seem in to team. Continued to express fear of 40mg Zyprexa.
Excessive nervousness / "wager" that he will go off.
 Side effects? _____

0 Not generally cooperative. Denies recent disruptive behavior.
Greatly improved & reported. DTH/H. Thoughts generally
good. Directed. Encouraged.

Selected Issues	NO	YES	If yes, comment on pertinent positive findings
Psychosis	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
Serious Depression	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
Self-Injurious Thoughts	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
Suicidal intent	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
Aggressive	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
Seriously Impulsive	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
Situational Upset	<input checked="" type="checkbox"/>	<input type="checkbox"/>	

Lab info: Labs Ordered _____ Labs Reviewed _____ AIMS? _____

ASSESSMENT/Diagnosis (DSM-IV):

Psychotic Control D/O

Plan: no Zyprexa - this time
monitor for target 50.

Return to clinic: 3/1/06 Print last Name: _____ Sign: _____

Patient's Name: (Last, First, Middle)	ASH#	Age	R/S	Code	Institution
<u>Hagston, Randall</u>	<u>226470</u>	<u>21</u>	<u>Bu</u>	<u>SAL</u>	<u>BLCP</u>

Monthly Activities

Date: June 29, / 2005

Inmate Name: Randall Hampton AIS# 226420

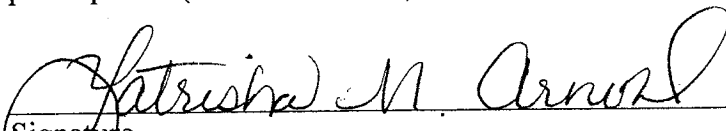
Was offered the following recreational activities during the month of:

Movies, Parenting, Current Events, Gospel, Stress Mgmt., Social Activities, Problem Solving # 1, 2, 3, Music Skills Easy Listening, Reality Orientation, Journal Writing, ADL, Schizophrenia, Sleep, Book Club Depression, Med Education, Creative Writing, Mental Illness / Drug Treatment, Primary Social Skills, Therapeutic Art, Card Crafts, Music Therapy, Poetry, Puzzles, Anger Mgmt., Conflict Resolution / Goal Settings, Western, Performing Arts Contest, Games, Board Games, Bingo, Self Concept, Mental Health Education, Therapeutic Animation, Tournament Play.

His level of participation was generally (active/marginal/reluctant/resistant/refused) to participant in the previously mentioned group(s). This is (consistent/inconsistent) with his use of recreational services to date. Affect was generally (angry/hostile/animated/blunt/euthymic/flat/inappropriate/neutral/sad). Mood appeared (angry/sad/neutral/euthymic/depressed/surly/belligerent/indifferent). Hygiene was (good/~~WNL~~/poor). Inmate was generally (on time/late). General appearance was (neat/~~WNL~~/disheveled/shabby). Speech was generally (clear/mumbling/slurred/unintelligible). Interpersonal interactions were generally (relevant/irrelevant/insightful/superficial/confrontational/indifferent/no interaction).

Comments: _____

Therapeutic services will continue to be offered on a regular basis. His level of participation (will be/has been) communicated to his treatment team.


Signature

ALABAMA DEPARTMENT OF CORRECTIONS
 MENTAL HEALTH SERVICES
 MENTAL HEALTH CONSULTATION TO DISCIPLINARY PROCESS

Inmate Name: Randall Hampton AIS#: 9M-226720

Institution: B.C.C.F. Date of Disciplinary Report: Mar. 13, 2006

Is the inmate currently on the mental health caseload?

If Yes, referred for mental health evaluation/consultation on: Mar. 15, 2006 Fighting Without a Weapon # 35

HEARING OFFICER:

Hearing officer must refer the inmate for mental health consultation if the inmate appears unable to understand what the charge is and what might happen as a result of the charge or the inmate appears unable to actively participate in the hearing as suggested by the following:

Does the inmate know where he is?
 Is the inmate appropriately dressed?
 Does the inmate make sense?

Does the inmate know what date it is?
 Is inmate able to speak coherently?
 Are the inmate's statements logical and organized or unusual?

Does inmate know why he is seeing hearing officer?

Does the inmate avoid eye contact?

Should the inmate be referred for mental health evaluation of competency? Yes No

-- If Yes, referred for mental health evaluation/consultation on: _____

MENTAL HEALTH STAFF:

Date request for consult received: 3/16/06

Date consult returned: 3/16/06

Is the inmate competent to participate in the hearing?

If NO, why is the inmate not competent?

Yes No

If NO, what treatment will assist the inmate in becoming competent?

Are there mental health issues that may have impacted inmate's behavior at the time of the charge?

If YES, briefly describe the issues:

Yes No

Are there mental health issues to be considered regarding disposition if the inmate is found guilty?

If YES, briefly describe the issues and possible relation to the disposition:

Yes No

Does mental health staff want to be present at the disciplinary hearing to provide input?

Mental Health Staff Member: Mr. Harris

Phone Contact: 137

Yes No

DISCIPLINARY HEARING:

Does the inmate appear to be competent to participate in the hearing?

Have the mental health recommendations been considered?

Yes No

Yes No

Hearing Officer: _____ Date: _____

Inmate Name	AIS #
-------------	-------

ALDOC Form 466-01

5 of 5

AR 466 - December 11, 2001

Hampton can go to disciplinary court.

Mr. Harris

File Perry log: MTH

ALABAMA DEPARTMENT OF CORRECTIONS
MENTAL HEALTH SERVICES
MENTAL HEALTH CONSULTATION TO DISCIPLINARY PROCESS

Inmate Name: Bandall Hampton AIS#: BM/226420
Institution: BCC-7 Date of Disciplinary Report: December 14, 2005
#62 - Intentionally Creating a Security Hazard
Is the inmate currently on the mental health caseload? Yes No
If Yes, referred for mental health evaluation/consultation on: December 20, 2005

HEARING OFFICER:

Hearing officer must refer the inmate for mental health consultation if the inmate appears unable to understand what the charge is and what might happen as a result of the charge or the inmate appears unable to actively participate in the hearing as suggested by the following:

Does the inmate know where he is?	Does the inmate know what date it is?	Does inmate know why he is seeing hearing officer?
Is the inmate appropriately dressed?	Is inmate able to speak coherently?	Does the inmate avoid eye contact?
Does the inmate make sense?	Are the inmate's statements logical and organized or unusual?	

Should the inmate be referred for mental health evaluation of competency? Yes No
-- If Yes, referred for mental health evaluation/consultation on: _____

MENTAL HEALTH STAFF:

Date request for consult received: 12-22-05 Date consult returned: 12-22-05

Is the inmate competent to participate in the hearing?
If NO, why is the inmate not competent?

Yes ☒ No

If NO, what treatment will assist the inmate in becoming competent?

Are there mental health issues that may have impacted inmate's behavior at the time of the charge?
If YES, briefly describe the issues:

Yes No ☒

Are there mental health issues to be considered regarding disposition if the inmate is found guilty?
If YES, briefly describe the issues and possible relation to the disposition:

Yes No ☒

Does mental health staff want to be present at the disciplinary hearing to provide input?

Yes No ☒

Mental Health Staff Member: Mike Hamner Phone Contact: 132

DISCIPLINARY HEARING:

Does the inmate appear to be competent to participate in the hearing?
Have the mental health recommendations been considered?

Yes No
Yes No

Hearing Officer: _____ Date: _____

Inmate Name	AIS #
-------------	-------

ALDOC Form 466-01

5 of 5

AR 466 - December 11, 2001

I was seen by me, He can go to disciplinary court.

File Perry log with

Mike Hamner

Alabama Department of Corrections

Psychiatric Progress Note

DATE: <u>5/12/05</u>	TIME:	Today vs Before
Target Symptoms	Behavioral Rating Scale 0=No problem 5= worst	
Medications: <u>Quetiapine 150mg</u> <u>Seizure</u> <u>Q of things</u>		Informed Consent
Compliance: Inmate report <u>100%</u> vs MAR <u> </u> %		

In addition to the information in the tables above and below, then inmate-patient:

S Report conflict officer "in step to get my life together"
 Most hard trauma 4th grade - per pt in control per 8 since that time.
 Side effects? Q
Q Mildly irritated but able to be calm. Effect checked around
 inpatient. Denies recent violence. Thoughts generally appropriate.
 Sensation clear. AS/H/A

Selected Issues	NO	YES	If yes, comment on pertinent positive findings
Psychosis			
Serious Depression			
Self-Injurious Thoughts			
Suicidal intent			"I intend no violence"
Aggressive			Made to improve impulse control I hope offered - I understand.
Seriously Impulsive			
Situational Upset			

Lab info:	Labs Ordered	Labs Reviewed	AMS ?
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ASSESSMENT/Diagnosis (DSM-IV):
<u>Depressive episode</u>
Plan: <u>continue Prozac @ this time @ coping skills discussed</u>

Return to clinic: 3/24/06 Print last Name: _____ Sign: William Chitwood, MD

Patient's Name: (Last, First, Middle)	ASI#	Age	R/S	Code	Institution
<u>Hampton, Randall</u>	<u>226420</u>	<u>21</u>	<u>2nd</u>	<u>8m2</u>	<u>BCE</u>

ADOC Form 61 P

William Chitwood, MD

ALABAMA DEPARTMENT OF CORRECTIONS
MENTAL HEALTH SERVICES
PSYCHIATRIC PROGRESS NOTES

DATE: <u>3/9/05</u>	TIME: <u>2:10</u>
Target Symptoms	Behavioral Rating Scale 0=No problem 5= worst
<u>Self inj. impulses</u>	<u>0</u>
Medications:	Informed Consent
<u>None (Pam HADOL)</u>	
Compliance: Inmate report % vs MAR %	

In addition to the information in the tables above and below, then inmate-patient:

S In. for 2 Sits

Side effects: 0 NA

0 Cal, lucid, polite & cooperative

Selected Issues	NO	YES	If yes, comment on pertinent positive findings
Psychosis			
Serious Depression			
Self-Injurious Thoughts			
Suicidal intent			
Aggressive			
Seriously Impulsive			
Situational Upset			

Lab info:	Labs Ordered:	Labs Reviewed:	AIMS: <u>NA</u>
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ASSESSMENT/Diagnosis (DSM-IV) Impulse control disorder

PLAN: Self + manage & Behave mod when possible

Return to clinic: _____ Print Last Name: Sanders Sign: [Signature]

Patient's Name: (Last, First, Middle)	AIS #	Age	R/S	Code	Institution
<u>Hampton, Randall</u>	<u>B20420</u>		<u>BM</u>	<u>SMT</u>	<u>BMF</u>

Disposition: Medical File

II DISCIPLINARY PROGRESS NOTES

DATE	TIME	NOTES	SIGNATURE
7/7/05	935	Bi-weekly Contact (S) "I'm doing Alright. I got a lot on my mind." P indicated that he is not having any issues or concerns at the present time. P has well-controlled & decreased anxiety (C) 22 up B/M, Alert Calm and rational appropriate behavior (A) P#1 - Stable P#2 Stable (P) P#1 & 2 are Maintaining Mental Stability and Meds Anger.	
7-19-05	1730 Pill call	Son O.K. D Compliant & meds alert oriented. 3 denies problems @ this time A Stable P continues current tx plan - V. Appropriate	J. Gordon, MD, MHA
7/22/05		(S) reported an adequate adjustment to B.C.F. No major indications of disorder were noted. (S) is a history code. He will continue to be monitored by the JOC Mental Health Team: L. Perry, Lance Anthony and Mike Hayes.	
12/28/05		(S) is competent and can participate in hearing. File by [Signature]	

Patient's Name, (Last, First, Middle)	AIS#	Age	R/S	Facility
Hampton, Randall	225420	22	9/11	Accor

DATE	TIME	NOTES	SIGNATURE
6/21/05		<p>Bi-Weekly Contact / Tr. Plan Review</p> <p>(S) "I'm doing real good, just need to take care of some business right quick". I'm reports he is not having any problems.</p> <p>• No hallucinations & anxiety.</p> <p>(C) 21 yo B/m, pleasant, coherent and rational. Very cooperative.</p> <p>(A) Pt 1 stable Pt 2 - stable</p> <p>(P) Pt 2 wks! Monitor Mental Stability and Meds Compliance</p>	J. Good, M.D., M.P.H.

Patient's Name, (Last, First, Middle)	AIS#	Age	R/S	Facility
Hampton, Randall	226420	21	B/M	BCCF

DISCIPLINARY PROGRESS

DATE	TIME	NOTES	SIGNATURE
6/26/05		Bi-weekly contact / TX Plan Review ① "I'm okay" I'm reports that he is not having any problems, everything is going okay since the last meeting. Neg - Hallucinations Neg - Anxiety ② 22 y/o B/m, polite, and cooperative, appropriate behavior ③ P#1 Stable, P#2 Stable ④ Flu x 2 wks, Mental Stability and Meds Compliance ———	J. Gooder, MS, MHP
6/4/05		Bi-weekly Individual Contact ① "I'm good, just sleepy" Has denies any problems during this session. I've stated that he has not heard from his family in a while. ② hallucinations ③ anxiety ④ 22 y/o B/m, polite, alert coherent and rational appropriate behavior. ⑤ P#1 and P#2 - stable. I/M appears stable overall. ⑥ Flu x 2 wks, Maintaining Mental Stability and Meds Compliance ———	J. Gooder, MS, MHP
6-9-05	5:40 pm	5/10/05 except my legs I need something for pain ① Have Tylenol 650mg and told him to see Dr. Stoddig otherwise he is doing fine P#1 Stable P#2 Continued current tx plan - V Reports on S: "I'm okay, just need to see medical doctor" Patient stated O: 21 y/o old B/m coherent verbal, appropriate behavior A: Appears stable + compliant with meds to	J. Gooder, MS, MHP
6/30/05	2007		

Patient's Name, (Last, First, Middle)	AIS#	Age	R/S	Facility
Hampton, Randall	225420	22	B/m	BCCF



PRISON
HEALTH
SERVICES
INCORPORATED

SPECIAL NEEDS COMMUNICATION FORM

Date: 6/20/06

To: DOC BCCF

From: HCU J. S. up

Inmate Name: Christopher Randall ID#: 226420

The following action is recommended for medical reasons:

1. House in x 1 day ends 6/21/06 R/T Full
2. Medical Isolation /
3. Work restrictions /
4. May have extra / until /
5. Other /

Comments:

Date: 6/20/06 MD Signature: Dr Sedg J. S. up Time: 10:30 Am



SPECIAL NEEDS COMMUNICATION FORM

Date: 5/4/06

To: DOC BCCF

From: HCU [Signature]

Inmate Name: Hampton, Fordell ID#: 226420

The following action is recommended for medical reasons:

1. House in X 2 days → ends 5/6/06
2. Medical Isolation [crossed out]
3. Work restrictions [crossed out]
4. May have extra [crossed out] until [crossed out]
5. Other [crossed out]

Comments:

[crossed out]

[crossed out]

[crossed out]

[crossed out]

Date: 5/4/06 MD Signature: Dr Siddig [Signature] Time: 10:30am

BCCF

(INSTITUTION)

SEGREGATION UNIT RECORD SHEET

INMATE NAME:

Randall Hampton

AIS NO.

B/2A6420

CELL:

19BVIOLATION OR REASON: #35 Fighting w/ a weapon

ADMITTANCE AUTH. BY:

LT M. McCRAVEDATE & TIME RECEIVED 3-13-06 @ 3:38 PM

DATE & TIME RELEASED

PERTINENT INFORMATION:

DATE	SHIFT	MEALS			SH	EXERCISE	MEDI-CAL VISIT	PSYCH VISIT	COMMENTS*	OIC SIGNATURE
		B	D	S						
3/20/06	MORN	Y	N	N	N	N	Barrow	N	Received meds	B. Ellis Col
	DAY		Y		NO	refused	Burk	NO	rec'd meds	D. Davis Col
	EVE			Y	N	N	Burk	N	Rec'd meds	M. Austin Col
MON										
3-21 2006	MORN	Y			NO	NONE	Blag	NONE	meds given	R. BURNETT Col
	DAY		Y		N	N	Burk	N	rec'd meds	Frank
	EVE			Y	Y	N	Barrow	N	Received meds	S. Calhoun Col
TUE										
3-22 2006	MORN	Y			NO	NO	Blag	NO	meds given	Julia Elly Col
	DAY		Y		N	N	Wesley	N	Rec'd meds	Miller
	EVE			Y	N	N	Barrow	N	Received meds	M. Austin Col
WED										
3-23 2006	MORN	Y			N	N	Moore	N	meds given	Bull, Col
	DAY		Y		N	R	Wesley	N	Med's given	L. Ruston Col
	EVE			Y	Y	N	Barrow	N	Received meds	B. Smith Col
THUR										
3-24 2006	MORN	Y			NO	NO	Blag	NO	meds given	E. Sasser Col
	DAY		Y		NO	refused	Wesley	NO	Rec'd meds	D. Davis Col
	EVE			Y	N	N	Barrow	N	Rec'd meds	S. Calhoun Col
FRI										
3-25 2006	MORN	N			N	N	Blag	N	meds given	Miller Col
	DAY	Y	Y		N	1153-12:11	Blag	N	Rec'd meds	F. Jackson Col
	EVE			Y	Y	N	Barrow	N	Rec'd med	B. Smith Col
SAT										
3-26 2006	MORN	NO			NO	NO	Barrow	NO	Rec'd med	V. Baldwin Col
	DAY		N	N	NO	refused	Mosley	NO	Rec'd meds	Burns Col
	EVE			Y	Y	N	Kyle	N	Rec'd med	B. Smith Col
SUN										

Pertinent Info: i.e. - Epileptic, Diabetic, Suicidal, Assaultive

Meals/SH: Shower - Yes (Y) or NO (N), Refused (R)

Exercise: Enter actual time period and Inside or Outside

Medical: Physician will sign each time the inmate is seen.

Psych: Psychological Counselor will sign each time the inmate is seen.

Comments: i.e. - Conduct, attitude * Use reverse side for additional comments and include date, signature, and title.

OIC Signature: OIC must sign all record sheets each shift.

ADOC Form 434-A, December 22, 2004

BCCF

(INSTITUTION)

SEGREGATION UNIT RECORD SHEETINMATE NAME: Hampton, RandallAIS NO. 8/226420CELL: 19BVIOLATION OR REASON: #135, fighting withoutADMITTANCE AUTH. BY: G. McCRANEYDATE & TIME RECEIVED: 3/13/06 3:28 p.m.

DATE & TIME RELEASED: _____

PERTINENT INFORMATION: _____

DATE	SHIFT	MEALS			SH	EXERCISE	MEDI -CAL VISIT	PSYCH VISIT	COMMENTS*	OIC SIGNATURE
		B	D	S						
3/13 2006 MON	MORN									
	DAY									
	EVE				R	N	N	N	Rec'd med	D. Smith CO1
3/14 2006 TUE	MORN	Y			NO	NO	NO	NO	Rec'd med	V. Baldwin, CO1
	DAY	Y	Y		N	N	N	N	Rec'd med	Full
	EVE			Y	Y	N	N	N	Received med - G	S. Calhoun CO1
3/15 2006 WED	MORN	Y			NO	NO	NO	NO	Med given	M. D. Patrick CO1
	DAY	Y	Y		N	N	N	N	Rec'd med	Full, CO1
	EVE			Y	NO	NO	NO	NO	Rec'd med	Julia E. May
3/16 2006 THUR	MORN	Y	N	N	N	N	N	N	Med given	B. Ellis, CO1
	DAY	Y			NO	11:00-11:23	N	N	Med given	B. Ellis, CO1
	EVE			Y	Y	N	N	N	Received med - G	D. Smith CO1
3/17 2006 FRI	MORN	X			NO	NO	N	N	med given	V. Baldwin, CO1
	DAY	Y			NO	refused	N	N	Rec'd med	B. Ellis, CO1
	EVE			Y	N	N	N	N	Received med - G	S. Calhoun CO1
3/18 2006 SAT	MORN	Y			N	N	N	N	med given	Full
	DAY	Y	Y		N	N	N	N	med given	Full
	EVE	Y		Y	Y	N	N	N	med given	D. Smith CO1
3/19 2006 SUN	MORN	Y			N	N	N	N	med Rec'd.	Full
	DAY	Y	NO		NO	Refused	N	N	Rec'd med	V. Morris CO1
	EVE			Y	Y	N	N	N	Received med	D. Smith CO1

Pertinent Info: i.e. - Epileptic, Diabetic, Suicidal, Assaultive

Meals/SH: Shower - Yes (Y) or NO (N), Refused (R)

Exercise: Enter actual time period and Inside or Outside

Medical: Physician will sign each time the inmate is seen.

Psych: Psychological Counselor will sign each time the inmate is seen.

Comments: i.e. - Conduct, attitude * Use reverse side for additional comments and include date, signature, and title.

OIC Signature: OIC must sign all record sheets each shift.

ADOC Form 434-A, December 22, 2004

SEGREGATION UNIT RECORD SHEET

INMATE NAME: Frandall Hampton AIS NO: B226420 CELL: 2
 VIOLATION OR REASON: 62- ADMITTANCE AUTH. BY: H. G. BARKER
 DATE & TIME RECEIVED: 12/16/05 4:40 p.m. DATE & TIME RELEASED: _____
 PERTINENT INFORMATION: med. Intentionally Creating a Security, Safety Health Hazard.

DATE	SHIFT	MEALS			SH	EXERCISE	MEDI- CAL VISIT	PSYCH VISIT	COMMENTS*	OIC SIGNATURE
		B	D	S						
12/26	MORN	N			NO	NO	NO	NO	med given	Julia H. Ellison
	DAY	N			N	R	NO	N	Rec'd meds	
	EVE	N		N	N	N	NO	N	Rec'd meds	
MON										G. Calhoun COI
12/27	MORN	Y	N	N	N	N	NO	N	Med given	D. Ellis, COI
	DAY		Y		NO	Refused	NO	NO	Rec'd meds	
	EVE			Y	Y	N	NO	N	Rec'd meds	
TUE										Summers COI
12/28	MORN	Y			NO	NO	NO	NO	Med given	M. Fitzpatrick COI
	DAY		N		N	N	NO	N	Rec'd meds	
	EVE			Y	N	N	NO	N	Rec'd meds	
WED										Pennington COI
12/29	MORN	Y			N	N	NO	N	Med given	E. Laeete COI
	DAY		Y		N	R	NO	N	Rec'd meds	
	EVE			Y	Y	NO	NO	NO	Rec'd meds	
THUR										J. Pherson, COI
12/30	MORN	Y			NO	NO	NO	NO	Med given	Julia H. Ellison
	DAY		Y		NO	Refused	NO	NO	meds given	
	EVE			Y	N	N	NO	N	Rec'd meds	
FRI										Summers COI
12/31	MORN	N			N	N	NO	N	Med given	Shull
	DAY	Y			N	N	NO	N	Rec'd meds	
	EVE			Y	Y	N	NO	N	Rec'd meds	
SAT										M. Austin COI
1/1	MORN	N			N	N	NO	N	Med given	Shull
	DAY	Y			N	refused	NO	N	Rec'd meds	
	EVE			Y	Y	N	NO	N	Rec'd meds	
SUN										Pennington COI

Pertinent Info: i.e. - Epileptic, Diabetic, Suicidal, Assaultive

Meals/SH: Shower - Yes (Y) or NO (N), Refused (R)

Exercise: Enter actual time period and Inside or Outside

Medical: Physician will sign each time the inmate is seen.

Psych: Psychological Counselor will sign each time the inmate is seen.

Comments: i.e. - Conduct, attitude * Use reverse side for additional comments and include date, signature, and title.

OIC Signature: OIC must sign all record sheets each shift.

ADOC Form 434-A, December 22, 2004